

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
NO.	IND.	DEP.	NO.	IND.	DEP.	NO.	IND.	DEP.	
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TOTAL IND.			TOTAL IND.			TOTAL IND.			
TOTAL DEP.		10	TOTAL DEP.			TOTAL DEP.			
TOTAL CLAIMS		11	TOTAL CLAIMS			TOTAL CLAIMS			

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TOTAL DEP.			TOTAL DEP.			TOTAL DEP.		
TOTAL CLAIMS			TOTAL CLAIMS			TOTAL CLAIMS		